



STATE OF WEST VIRGINIA  
DEPARTMENT OF TAX AND REVENUE  
ALCOHOL BEVERAGE CONTROL ADMINISTRATION  
322 70<sup>th</sup> Street, SE  
Charleston, West Virginia 25304-2900

**INSTRUCTIONS FOR REPRESENTATIVE'S LICENSE**  
**(FORM # ABCC-WS-181)**

1. General Information -  
Please read the instructions carefully. All questions are to be answered in full. Your accuracy and thoroughness in completing the application form will assist us in processing the application and preventing unnecessary delays.
2. False representations made in application or failure to comply with Chapter 60 of the West Virginia Code (State Control of Alcoholic Liquors) and rules and regulations promulgated thereunder may result in denial, revocation, or suspension of the license.
3. An organizational chart detailing those individuals authorized to represent each of your respective companies in this state must accompany the application. This should include any company executive who has either visited this office in the past or intends to visit at a future date.
4. License fees must be paid by **certified check, cashier's check, company check, or money order**. Personal check or cash will not be accepted.

The representative license period begins on July 1 and ends June 30 of each year. There is no cost to license as a representative of a Wine Distributor. The cost of a Distillery/Wine Supplier Representative's license is one hundred dollars (\$100.00) for a full year. If the license is issued for less than a full year, the fee may be prorated as follows:

<u>License Application Submitted</u>	<u>License Fee</u>
July 1 through June 30	Full License Fee
January 1 through June 30	½ of License Fee

If you have any questions, please call (304) 558-2481 and ask for the Spirits & Wine Division.

Return to:  
West Virginia ABC Commission  
Spirits, Wine Division & Order Entry Divisions  
322 70<sup>th</sup> Street, S. E.  
Charleston WV 25304



Licensing Period: \_\_\_\_\_ to \_\_\_\_\_

License Number: \_\_\_\_\_

## West Virginia Alcohol Beverage Control Administration

322 70th Street, SE Charleston, WV 25304-2900  
(304) 558-2481

### Application for Representative's License

☐ **Distillery/Wine Supplier Representative**

Answer Questions 1-30  
License Fee: \$100.00

☐ **Wine Distributor Representative**

Answer Questions 1-25  
License Fee: \$00.00

1. Representative Name: \_\_\_\_\_
2. Rep's Resident Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Rep's Telephone: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Rep's Email: \_\_\_\_\_
7. Company Representing: \_\_\_\_\_
8. Company's FEIN: \_\_\_\_\_
9. Business Physical Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
10. Business Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
11. Business Telephone: \_\_\_\_\_
12. Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
13. Has applicant or any officer been:
  - a. Convicted of a felony? Yes \_\_\_\_\_ When: \_\_\_\_\_ If yes, attach sheet to explain. No \_\_\_\_\_
  - b. Convicted of a violation of federal or state alcohol laws? Yes \_\_\_\_\_ If yes, attach sheet to explain. No \_\_\_\_\_
  - c. Convicted of a criminal offense (misdemeanor) within the last 5 years? Yes \_\_\_\_\_ If yes, attach sheet. No \_\_\_\_\_
  - d. Refused any type of alcohol license or permit in any state? Yes \_\_\_\_\_ State: \_\_\_\_\_ If yes, attach sheet. No \_\_\_\_\_
14. Has applicant or any officer had:
  - a. A hearing before the WVABCA Commissioner? Yes \_\_\_\_\_ Explain: \_\_\_\_\_ No \_\_\_\_\_
  - b. Any type of WVABCA license or permit sanctioned? Yes \_\_\_\_\_ Explain: \_\_\_\_\_ No \_\_\_\_\_
15. Has applicant been refused any type of alcohol license or permit in any state? Yes \_\_\_\_\_ Explain: \_\_\_\_\_ No \_\_\_\_\_
16. Does applicant or any blood relative own any real estate, buildings or equipment used by any WV wine retail licensee? Yes \_\_\_\_\_ Attach a written explanation and give name, address and interest. No \_\_\_\_\_
17. Does applicant or any blood relative hold any interest in a licensed wine retailer in West Virginia? Yes \_\_\_\_\_ If yes, attach a written explanation and give name, address and interest. No \_\_\_\_\_
18. Is the applicant, spouse of the applicant, or any blood relative a member of the West Virginia Alcohol Beverage Control Administration? Yes \_\_\_\_\_ Attach a written explanation of person and relationship. No \_\_\_\_\_
19. Is the applicant, spouse of the applicant, or any blood relative an elected or appointed state, county or municipal official? Yes \_\_\_\_\_ If yes, attach a written explanation of person, relationship, and office held. No \_\_\_\_\_
20. Is the applicant, or spouse of applicant, a member or officer of any political party executive committee of West Virginia? Yes \_\_\_\_\_ If yes, attach a written explanation. No \_\_\_\_\_
21. Has the applicant, during the fiscal year next preceding that for which this license is sought, made or given, voluntarily or on request, a gift, contribution or money or property to a member or an employee of the Commissioner, or to any West Virginia licensed wine distributor, or to or for the benefit of any political party committee or campaign fund? Yes \_\_\_\_\_ If yes, how much \$ \_\_\_\_\_ to whom: \_\_\_\_\_ No \_\_\_\_\_
22. Is applicant a salaried employee of the company to be represented? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Will applicant receive any hidden benefits or bonuses in addition to the salary promised? Yes \_\_\_\_\_ No \_\_\_\_\_
24. What is applicant's present employment or what has recently been applicant's employment, craft, calling business or profession? \_\_\_\_\_
25. Does applicant contemplate continuing employment or business connections in addition to that for which this application serves? Yes \_\_\_\_\_ No \_\_\_\_\_
26. Will applicant represent wine to West Virginia licensed wine distributors? Yes \_\_\_\_\_ No \_\_\_\_\_
27. The monetary total of all wine sales made by the applicant to West Virginia licensed wine distributors during the fiscal year next preceding that for which this license is sought was \$ \_\_\_\_\_.  
If not a full year, state portion thereof: \_\_\_\_\_.
28. Will applicant represent liquor products? Yes \_\_\_\_\_ No \_\_\_\_\_
29. The monetary total of all alcoholic liquor sales made by the applicant to the Commissioner during the fiscal year next preceding that for which this license is sought was \$ \_\_\_\_\_. If not a full year, state portion thereof: \_\_\_\_\_.
30. The monetary total of the gross income received by the applicant on the aforesaid liquor/wine sales was \$ \_\_\_\_\_.

Should the applicant fail to fully carry out and fulfill in every respect the laws of West Virginia, then the Commissioner shall have the right to terminate or revoke this license or permit and declare forfeited the penalty of the bond (if a bond is required for the selected license type). However, it is agreed and understood by and between the parties hereto that before such bond shall be forfeited a hearing shall be held in the Office of the West Virginia Alcohol Beverage Control Commissioner in the City of Charleston, Kanawha County, West Virginia, after ten (10) days written notice to the applicant, setting forth the charge or charges and the time and place of hearing thereon and which said notice shall be served the applicant by registered mail at the address hereinabove set forth.

\_\_\_\_\_  
Signature of Sales Representative

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to wit:



Seal of Notary

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Commission Expires \_\_\_\_\_

**TO BE COMPLETED BY THE OWNER, AN OFFICER, DIRECTOR, OR MANAGER OF THE COMPANY LISTED IN QUESTION #6.**

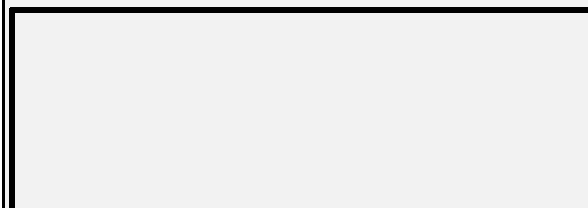
I affirm that the above named applicant is an authorized representative of this company and will be employed by this company if the requested license is issued. I agree to notify the Commissioner, in writing, if the above named applicant ceases to represent our company.

Name of Company: \_\_\_\_\_

Signature

Title

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to wit:



Seal of Notary

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Commission Expires \_\_\_\_\_